U.S. Selectment of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Odic	al Use Only READ THE INSTRUCTIONS CAREFUL!	Y BEFORE PREPARING THIS REPORT.	
1. File Nur	iber U- <u>8263</u>	2. Fiscal Year Covered From:	
	ų .	1/1/2004 Through: 12/31/2004	
3. Name a	nd address of person filing.	Name, file number, and address of labor organization.	
Name -	Larry L. Nunley	Name /AMAW X-RAY LODGE 1916	
-	The state of the s	Labor Organization File Number 625-787	
P.O. Box	Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street	4430 N. 75 TH ST.	Street 3570 5 7974 57-	
City	MILWAUKEC	City MICWAUKEE	
State	W/ ZIP Code +4 532/8	State 707 ZIP Code +4 53220-107	
5. Position	in labor organization. PRESIDENT	The state of the s	
	Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name a	nd address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name			
Trade Na	me, if any:		
P.O. Box	, Bldg., Room No., if any	7.b. Amount.	
Street	The second secon	page purposed to	
City	Section (to a finished while in the contract section and the contract section in the contract of the contract		
State	ZIP Code + 4		
	Signa		
01	nature and verification. The undersigned declares, under penalty of F d in this report (including the information contained in any accompanyi ned's knowledge and belief, true, correct, and complete. (See the sec	Perjury and other applicable penalties of the law, that all of the information ng documents), has been examined by the signatory and is, to the best of the tion on penalties in the instructions.)	
Signad	Jary Lu Hunley	On 8-8-05 414-550-1699 Date Telephone Number	

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	File Number U-		
Name of Person Filing LARRY Lee Nunley			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an enriloyer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name GE HEALTH CARE	9. Business deals with:		
governor of particular and particular to the second of the	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any Street 3000 Grand VIEW	c. Employer		
LONINECIA			
State UISCONSIN ZIP Code + 4 53188			
	11.a. Nature of such dealing.		
10. If 9.b. or 9.c. is checked give trust or employer's name.	Union REPRESENTATION		
Name is a second or an analysis of the second of the secon			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any	The second secon		
Stree	11.b. Approximate dollar value of such dealing. \$/2936		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	MEETING AND ATTENDANCE AT RSNA AND BUSINESS REVIEW.		
	Month and Commons herred.		
	AO h America		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (an) luding trade name, if any).	14.a. Nature of payment.		
Name			
The state of the s			
The state of the s			
P.O. Box, Bldg., Room No., if any			
Street			
City ZiP Code + 4			
Gizze	14.b. Amount of payment.		
13.b Is the Business an Employer or Consultant?			

Name of Person Filing LH-19 LEE 194111E9	Pile Number 0-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name GE HEALTH CARE	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 3000 N. Grand VIEW BLUD			
City WAUKESHA State WISCONSIN ZIP Code +4 53188			
	Ad a bloom of such dealler		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. UNION REPLESENTATION		
Name	CHOIDIN THETTES END THAT TOTO		
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$57-85		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	MEETING, ENTERTAINMENT BUCKS BASKET BALL GAME		
	DUCKS BASKET BALL GAME		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under	or parts A and B above)		
or from any labor relations concultant to an employer any payment of money	or other thing of value. 14.a. Nature of payment.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	PARTIES (Victoria) of payments.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4	The second secon		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		